



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM

2008 ASSESSMENT INVENTORY FORM 2.1 – 2.2 RECYCLING COLLECTION

Please complete one form for each service provider.

SOLID WASTE MANAGEMENT REGION	SOLID WASTE MANAGEMENT DISTRICT NAME
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SERVICES FOR (NAME OF COUNTY OR CITY)

2.1 CURBSIDE RECYCLING COLLECTION

Curbside collection for residences is provided by:

☐ City /County ☐ City/Co. contract with private hauler ☐ Private ☐ Non-profit ☐ District ☐ Other:

NAME		TELEPHONE WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE

Recyclable Materials Collected Check (✓) to indicate which materials are collected at the curb:

PAPER	Corrugated cardboard	<input type="checkbox"/>	PLASTIC	#1 PET - bottles only	<input type="checkbox"/>	METAL	Aluminum beverage cans	<input type="checkbox"/>
	Boxboard	<input type="checkbox"/>		#1 PET - other containers	<input type="checkbox"/>		Aluminum - other	<input type="checkbox"/>
	Newsprint	<input type="checkbox"/>		#2 HDPE - bottles only	<input type="checkbox"/>		Steel/tin food cans	<input type="checkbox"/>
	Magazines	<input type="checkbox"/>		#2 HDPE - other containers	<input type="checkbox"/>		Other:	<input type="checkbox"/>
	Office paper	<input type="checkbox"/>		Plastic bags (indicate #2, #4 or both)	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
	Junk mail	<input type="checkbox"/>		Other:	<input type="checkbox"/>	OTHER	Textiles	<input type="checkbox"/>
	Phone books	<input type="checkbox"/>	Clear	<input type="checkbox"/>	Electronics (List items and fees below)		<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	Green	<input type="checkbox"/>	Other:		<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	Brown/amber	<input type="checkbox"/>	Other:		<input type="checkbox"/>	

Additional information on materials collected:

If recyclables are commingled for collection, which method is used?

- ☐ Dual stream (paper and cardboard in one bag or container, cans and bottles in a separate bag or container)
☐ Single stream (all materials in one bag or container)
☐ Other (please describe)

Are bags or bins provided? ☐ bags ☐ bins

Where are recyclables taken for sorting or processing? (name of facility)

Does the user pay a fee for curbside collection? ☐ No ☐ Yes: \$ _____ per _____

What year was curbside recycling service established?

☐ Before 1990 ☐ 1991 ☐ 1992 ☐ 1993 ☐ 1994 ☐ 1995 ☐ 1996 ☐ 1997 ☐ 1998
☐ 1999 ☐ 2000 ☐ 2001 ☐ 2002 ☐ 2003 ☐ 2004 ☐ 2005 ☐ 2006 ☐ 2007

Has service changed in the last two years?

- ☐ No
☐ Yes, number of households served has increased
☐ Yes, more materials are collected: (Describe) _____
☐ Yes, some materials were dropped: (Describe) _____
☐ Yes, changed to commingled recyclables collection
☐ Other:

Please use reverse side for Drop-off Recycling Collection Services

2.2 DROP-OFF RECYCLING COLLECTION SITES				Please complete one form for each service provider			
Drop-off collection provided by: <input type="checkbox"/> City /County <input type="checkbox"/> City/Co. contract with private <input type="checkbox"/> Private <input type="checkbox"/> Non-profit <input type="checkbox"/> District <input type="checkbox"/> Other:							
NAME						TELEPHONE WITH AREA CODE	
MAILING ADDRESS				CITY		STATE	ZIP CODE
Location Information Recycling Center: <input type="checkbox"/> Same as Mailing Address <input type="checkbox"/> Physical Address: _____ Drop-off Bin(s) not located at recycling center: _____							
Hours of Operation Recycling Center: _____ Drop-off bins not located at recycling center: _____							
Recyclable Materials Collected							
Check (√) to indicate which materials are collected at each location:		Recycling Center	Drop-off bins not located at the Center	Check (√) to indicate which materials are collected at each location:		Recycling Center	Drop-off bins not located at the Center
PAPER	Corrugated cardboard	<input type="checkbox"/>	<input type="checkbox"/>	METAL	Aluminum beverage cans	<input type="checkbox"/>	<input type="checkbox"/>
	Boxboard	<input type="checkbox"/>	<input type="checkbox"/>		Aluminum - other	<input type="checkbox"/>	<input type="checkbox"/>
	Newsprint	<input type="checkbox"/>	<input type="checkbox"/>		Steel/tin food cans	<input type="checkbox"/>	<input type="checkbox"/>
	Magazines	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>
	Office paper	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>
	Junk mail	<input type="checkbox"/>	<input type="checkbox"/>	GLASS	Clear	<input type="checkbox"/>	<input type="checkbox"/>
	Phone books	<input type="checkbox"/>	<input type="checkbox"/>		Green	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>		Brown/amber	<input type="checkbox"/>	<input type="checkbox"/>
PLASTIC	#1 PET - bottles only	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	Textiles	<input type="checkbox"/>	<input type="checkbox"/>
	#1 PET - other containers	<input type="checkbox"/>	<input type="checkbox"/>		Electronics (List items and fees below)	<input type="checkbox"/>	<input type="checkbox"/>
	#2 HDPE - milk jugs only	<input type="checkbox"/>	<input type="checkbox"/>		Wood pallets	<input type="checkbox"/>	<input type="checkbox"/>
	#2 HDPE - other containers	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>
	Plastic bags (indicate #2, #4 or both)	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>
Additional information on materials collected: _____							
What year was drop-off recycling service established? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Before 1990</div> <div style="width: 33%;"><input type="checkbox"/> 1991</div> <div style="width: 33%;"><input type="checkbox"/> 1992</div> <div style="width: 33%;"><input type="checkbox"/> 1993</div> <div style="width: 33%;"><input type="checkbox"/> 1994</div> <div style="width: 33%;"><input type="checkbox"/> 1995</div> <div style="width: 33%;"><input type="checkbox"/> 1996</div> <div style="width: 33%;"><input type="checkbox"/> 1997</div> <div style="width: 33%;"><input type="checkbox"/> 1998</div> <div style="width: 33%;"><input type="checkbox"/> 1999</div> <div style="width: 33%;"><input type="checkbox"/> 2000</div> <div style="width: 33%;"><input type="checkbox"/> 2001</div> <div style="width: 33%;"><input type="checkbox"/> 2002</div> <div style="width: 33%;"><input type="checkbox"/> 2003</div> <div style="width: 33%;"><input type="checkbox"/> 2004</div> <div style="width: 33%;"><input type="checkbox"/> 2005</div> <div style="width: 33%;"><input type="checkbox"/> 2006</div> <div style="width: 33%;"><input type="checkbox"/> 2007</div> </div>							
Has service changed in the last two years? <input type="checkbox"/> No <input type="checkbox"/> Yes, operating hours were expanded / shortened (circle one) <input type="checkbox"/> Yes, materials were added: (Describe) _____ <input type="checkbox"/> Yes, materials were dropped: (Describe) _____ <input type="checkbox"/> Yes, more drop-off locations added (Describe) _____ <input type="checkbox"/> Other: (Describe) _____							